

FORM **BCA 14.13**  
**INTERIM REPORT**  
**OF CHANGES**  
Business Corporation Act

Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-7808  
ilsos.gov

Payment must be made by check or money  
order payable to Secretary of State.

Filing Fee \$50    Year: \_\_\_\_\_    File #: \_\_\_\_\_    Approved: \_\_\_\_\_

**NOTE: This document does not replace the Annual Report that the corporation is required to file each year prior to the first day of the anniversary month.**

**If the corporation needs to file the Annual Report, this may be done online at:**  
[ilsos.gov/departments/business\\_services/annual\\_reports/corp\\_instructions.html](https://ilsos.gov/departments/business_services/annual_reports/corp_instructions.html)

1. Corporate Name: \_\_\_\_\_  
Registered Agent: \_\_\_\_\_  
Registered Office: \_\_\_\_\_  
City, IL, ZIP: \_\_\_\_\_ County: \_\_\_\_\_
2. Principal address of corporation: \_\_\_\_\_  
Street City State ZIP
3. Date Incorporated/Qualified: \_\_\_\_\_  
Month Day Year
4. Names and addresses of officers and directors:

**NOTE: The names and addresses of ALL officers and directors must be entered in this item or on an additional sheet.**

| OFFICE    | NAME | NUMBER & STREET | CITY | STATE | ZIP |
|-----------|------|-----------------|------|-------|-----|
| President |      |                 |      |       |     |
| Secretary |      |                 |      |       |     |
| Treasurer |      |                 |      |       |     |
| Director  |      |                 |      |       |     |
| Director  |      |                 |      |       |     |
| Director  |      |                 |      |       |     |

5. If 51% or more of stock is owned by a minority or female, please check appropriate box:

☐ Minority Owned    ☐ Female Owned

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.



**Item 6 Must Be Signed.**

6. By: \_\_\_\_\_  
Any authorized officer's signature Title Date